

IPDR6702		NORTH CAROLINA				PAGE: 1		
RUN DATE: 02/19/2007		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 02/20/2007						
		FINANCIAL PAYER: NCTM						
PROVIDER		HIGH DENIAL	NUMBER OF			TOTAL	TOTAL	
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404901	SMOKY MOUNTAIN H/DD/SAS	11	174	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	112	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	1	621	732	111
		8505	111	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404904	WESTERN HIGHLAN DS LME	8505	350	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8534	124	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	600	9117	8517
		8533	93	SERVICE FACILITY LOCATION CANN OT BE AN ATTENDING PROVIDER IDENTIFIED AS AN INDIVIDUAL.				
3404910	PATHWAYS	8599	202	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		23	139	SERVICE REQUIRES PRIOR APPROVA L	18	493	3537	3042
		8536	65	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404912	CATAMBA COUNTYM ENTAL HEALT	8599	11	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8537	8	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN	0	27	2901	2874
		191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404913	MECKLENBURG COM ENTAL HEALT	8599	626	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8518	283	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	3	1612	12125	10513
		11	208	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404916	CROSSROADS BEHA VIGORAL HEAL	8518	36	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		79	25	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	116	2074	1958
		8505	13	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
3404917	CENTERPOINT HUM AN SERVICES	8505	2796	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8536	45	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	2955	5096	2141
		79	22	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404919	GUILFORD CO MEN TAL HEALTHC	3412	86	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	41	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	1	181	7113	6932
		11	17	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404920	ALAMANCE CASWEL L AREA MH D	8505	157	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		21	121	DUPLICATE OF CLAIM-SYSTEM	0	411	1222	811
		8599	101	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404921	ORANGE PERSON C HATHAM AREA	5312	1061	PRIOR AUTHORIZED DOLLARS EXCEE DED				
		8505	380	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	1	1962	3567	1605
		11	88	CLIENT NOT ELIGIBLE ON SERVICE DATE				
3404922	THE DURHAM CENT ER	8505	133	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8935	26	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	26	245	3673	3428
		21	25	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	5404	96	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8329	52	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	0	295	3605	3310
		191	37	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404925	SANDHILLS CENTE R FOR MH/DD	8599	598	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8505	245	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	12	1283	7888	6605
		3412	149	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
3404926	SOUTHEASTERN RE G MENTAL HL	11	165	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	48	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	5	319	2821	2502
		23	46	SERVICE REQUIRES PRIOR APPROVA L				
3404927	CUMBERLAND CO M HC	8599	104	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	98	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	274	1982	1708
		21	31	DUPLICATE OF CLAIM-SYSTEM				

PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	CLAIMS	CLAIMS
3404930	JOHNSTON COUNTY	11	163	CLIENT NOT ELIGIBLE ON SERVICE				
	MNTL HLTHC			DATE				
		23	117	SERVICE REQUIRES PRIOR APPROVA	0	485	2944	2459
				L				
		10	63	DIAGNOSIS OR SERVICE INVALID F				
				OR CLIENT AGE. VERIFY CID,				
				DIAGNOSIS, PROCEDURE CODE FOR				
3404931	WAKE CO HUM SVC	21	324	DUPLICATE OF CLAIM-SYSTEM				
	BILLING OF							
		8518	150	CLAIM DENIED, SUBMITTED BEYOND	5	748	2378	1630
				FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	134	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404933	SOUTHEASTERN CT	11	173	CLIENT NOT ELIGIBLE ON SERVICE				
	R FOR MH/DD			DATE				
		8599	98	DETAIL NOT COVERED BY COMBINAT	0	356	2595	2239
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		8537	39	PROCEDURE IS NOT PAYABLE FOR Y				
				OUR PROVIDER TYPE AND				
				SPECIALTY IN ACCORDANCE TO MEN				
3404934	ONSLow CARTERET	21	204	DUPLICATE OF CLAIM-SYSTEM				
	BEHAV HEAL							
		8599	183	DETAIL NOT COVERED BY COMBINAT	0	850	1893	1043
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		11	124	CLIENT NOT ELIGIBLE ON SERVICE				
				DATE				
3404935	WAYNE CO MENTAL	0	0	*** NO DATA TO REPORT ***				
	HEALTH CTR							
		0	0		0	0	0	0
3404936	WILSON-GREENE M	8505	504	CLAIM DENIED DUE TO INSUFFICIE				
	ENTAL HEALT			NT BUDGET				
		21	5	DUPLICATE OF CLAIM-SYSTEM	0	520	1583	1063
		8599	4	DETAIL NOT COVERED BY COMBINAT				
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
3404937	EDGEcombe NASH	8518	15	CLAIM DENIED, SUBMITTED BEYOND				
	MNTL HLTH C			FILING TIMELIMIT. PRIOR				
				FISCAL YEAR DOS (JULY 1 - JUNE				
		21	9	DUPLICATE OF CLAIM-SYSTEM	0	24	1216	1192
3404939	NEUSE MENTAL HE	8654	28	ONLY 16 UNITS ALLOWED PER DAY				
	ALTH CENTER			WITHOUT PRIOR				
				APPROVAL. PLEASE CORRECT THE				
		8599	8	DETAIL NOT COVERED BY COMBINAT	0	43	778	735
				ION OF RECIPIENT, PROVIDER AND				
				BENEFIT PACKAGE.				
		79	3	THIS SERVICE IS NOT PAYABLE TO				
				YOUR SUBMITTED BILLING				
				PROVIDER TYPE AND SPECIALTY IN				

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3404941	PITT CO MH/DD/S AS CENTER	27	13	DIAGNOSIS CODE MISSING OR INVA LID. VERIFY AND ENTER THE CORRECT DIAGNOSIS CODE AND SUB				
		669	12	OTHER DIAGNOSIS CODE 3 IS INVA LID	0	34	1803	1769
		8599	6	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404942	ROANOKE CHOMANH UMAN SERVIC	11	28	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		79	12	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	0	42	1082	1040
		8518	2	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404943	ALBEMARLE MENTA L HEALTH CE	8536	232	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
		79	76	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN	1	390	944	554
		8599	20	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404944	EASTPOINTE HUMA N SERVICES	21	2170	DUPLICATE OF CLAIM-SYSTEM				
		8622	61	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	1	2258	2566	308
		8518	10	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404946	FOOTHILLS AREAM ENTAL HEALT	8537	271	PROCEDURE IS NOT PAYABLE FOR Y OUR PROVIDER TYPE AND SPECIALTY IN ACCORDANCE TO MEN				
		8329	45	CLAIM DENIED ATTENDING PROVIDE R CANNOT BE THE SAME AS THE LMA	5	467	3100	2633
		143	34	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404957	TIDELAND MENTAL HEALTH CTR	191	148	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8505	118	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	4	335	1391	1056
		8800	31	FURTHER PROCESSING NECESSARY, PLEASE CHECK FOR CLAIM ON FUTURE RA'S.				
3404979	NEW RIVER AREAM H/DD/SA PRO	8505	235	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		11	24	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	272	292	20
		5404	4	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				